

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF

In re GARY B SCHAEFFER  
Debtor

Case No. 09-17126  
Reporting Period: 6-28 / 7-25  
Social Security # 0893  
(last 4 digits only)

MONTHLY OPERATING REPORT  
(INDIVIDUAL WAGE EARNERS)

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.  
(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

| REQUIRED DOCUMENTS   | Form No.     | Document Attached | Explanation Attached |
|--|--------------|-------------------|----------------------|
| Schedule of Cash Receipts and Disbursements                      | MOR-1 (INDV) |                   |                      |
| Bank Reconciliation (or copies of debtor's bank reconciliations) | MOR-1 (CONT) |                   |                      |
| Copies of bank statements  |              | ✓                 |                      |
| Disbursement Journal   | MOR-2 (INDV) |                   |                      |
| Balance Sheet  | MOR-3 (INDV) |                   |                      |
| Copies of tax returns filed during reporting period              |              |                   |                      |
| Summary of Unpaid Post-petition Debts                            | MOR-4 (INDV) |                   |                      |
| Status of Secured Notes, Leases, Installment Payments            | MOR-5 (INDV) |                   |                      |
| Debtor Questionnaire   | MOR-6 (INDV) |                   |                      |

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor Gary B Schaeffer

Date 8-5-10

Signature of Joint Debtor \_\_\_\_\_

Date \_\_\_\_\_

In re GARY B SCHAEFFER  
Debtor

Case No. 09-17126  
Reporting Period: 6-28 / 7-28

**INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS**

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

|   |           |           |
|---|-----------|-----------|
| Cash - Beginning of Month   | 4,149.98  |           |
| <b>RECEIPTS</b>   |           |           |
| Wages (Net)   | 10,572.02 |           |
| Interest and Dividend Income                                      |           |           |
| Alimony and Child Support   |           |           |
| Social Security and Pension Income                                |           |           |
| Sale of Assets  | 200.00    |           |
| Other Income (attach schedule)                                    | 4285.50   |           |
| <b>Total Receipts</b>   | 15,057.52 |           |
| <b>MAINTENANCE</b>  |           |           |
| Mortgage Payment(s)   |           | 5486.00   |
| Rental Payment(s)   |           | 4333.29   |
| Other Secured Note Payments                                       |           | 1950.00   |
| Utilities   |           | 350.00    |
| Insurance   |           |           |
| Auto Expense <u>INTERNET HOME</u>                                 |           | 111.81    |
| Lease Payments  |           |           |
| IRA Contributions   |           |           |
| Repairs and Maintenance   |           |           |
| Medical Expenses  |           | 665.00    |
| Food, Clothing, Hygiene   |           | 664.85    |
| Charitable Contributions  |           |           |
| Alimony and Child Support Payments                                |           | 2410.00   |
| Taxes - Real Estate   |           |           |
| Taxes - Personal Property   |           |           |
| Taxes - Other (attach schedule)                                   |           |           |
| Travel and Entertainment & ATM                                    |           | 228.00    |
| Gifts   |           | 220.50    |
| Other (attach schedule)   |           | 2151.16   |
| <b>Total Ordinary Disbursements</b>                               |           | 18,570.61 |
| Professional Fees   |           |           |
| U. S. Trustee Fees  |           |           |
| Other Reorganization Expenses (attach schedule)                   |           |           |
| <b>Total Reorganization Items</b>                                 |           |           |
| <b>Total Disbursements (Ordinary + Reorganization)</b>            |           | 18,570.61 |
| <b>Net Cash Flow (Total Receipts - Total Disbursements)</b>       |           | 3513.09   |
| <b>Cash - End of Month (Must equal reconciled bank statement)</b> |           | 636.89    |

In re GARY B Schaeffer  
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**INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS**  
(continuation sheet)

|                 |                             |          |          |
|-----------------|-----------------------------|----------|----------|
| OTHER<br>INCOME | 250 MERCER RENTAL INCOME    | 3,300.00 |          |
|                 | PAYPAL ERROR CORRECTION     | 820.50   |          |
|                 | DENTIST ERROR REIMBURSEMENT | 165.00   |          |
|                 | TOTAL                       | 4,285.50 |          |
| OTHER<br>DEBITS | AMAZON.COM                  |          | 5.73     |
|                 | PAPYRUS GREETING CARDS      |          | 15.85    |
|                 | CYS                         |          | 31.42    |
|                 | GYM                         |          | 65.00    |
|                 | DRY CLEANERS                |          | 35.00    |
|                 | RELEX                       |          | 53.50    |
|                 | MANHATTAN MINI STORAGE      |          | 835.00   |
|                 | PAYPAL ERROR                |          | 820.50   |
|                 | PAYPAL                      |          | 289.16   |
|                 | TOTAL                       |          | 2,151.16 |
|                 |                             |          |          |
|                 |                             |          |          |
|                 |                             |          |          |
|                 |                             |          |          |
|                 |                             |          |          |
|                 |                             |          |          |
|                 |                             |          |          |

**THE FOLLOWING SECTION MUST BE COMPLETED**

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

|  |  |
|--|--|
| <b>TOTAL DISBURSEMENTS</b>   |  |
| LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS                         |  |
| PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts) |  |
| <b>TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES</b>         |  |

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**Continuation Sheet for MOR-1**

(Bank account numbers may be redacted to last four numbers.)

\*"Adjusted Bank Balance" must equal "Balance per Books"

**OTHER**

GARY B SCHAEFFER  
Debtor

09-17126

6-28 / 7-25

### CASH DISBURSEMENTS

### Total Cash Disbursements

### Total Bank Account Disbursements

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In re GARY B SCHAEFFER  
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**BALANCE SHEET**

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from post-petition obligations.

| ASSETS  | BOOK VALUE AT END OF<br>CURRENT REPORTING<br>MONTH | BOOK VALUE ON<br>PETITION DATE OR<br>SCHEDULED AMOUNT |
|---|--|---|
| <b>SCHEDULE A REAL PROPERTY</b>                       |  |   |
| Primary Residence                                     |  |   |
|   |  |   |
|   |  |   |
| Other Property (attach schedule)                      |  |   |
| <b>TOTAL REAL PROPERTY ASSETS</b>                     |  |   |
| <b>SCHEDULE B PERSONAL PROPERTY</b>                   |  |   |
| Cash on Hand  |  |   |
| Bank Accounts   |  |   |
| Security Deposits                                     |  |   |
| Household Goods & Furnishings                         |  |   |
| Books, Pictures, Art                                  |  |   |
| Wearing Apparel                                       |  |   |
| Furs and Jewelry                                      |  |   |
| Firearms & Sports Equipment                           |  |   |
| Insurance Policies                                    |  |   |
| Annuities   |  |   |
| Education IRAs  |  |   |
| Retirement & Profit Sharing                           |  |   |
| Stocks  |  |   |
| Partnerships & Joint Ventures                         |  |   |
| Government & Corporate Bonds                          |  |   |
| Accounts Receivable                                   |  |   |
| Alimony, maintenance, support or property settlements |  |   |
| Other Liquidated Debts                                |  |   |
| Equitable Interests in Schedule A property            |  |   |
| Contingent Interests                                  |  |   |
| Other Claims  |  |   |
| Patents & Copyrights                                  |  |   |
| Licenses & Franchises                                 |  |   |
| Customer Lists  |  |   |
| Autos, Trucks & Other Vehicles                        |  |   |
| Boats & Motors  |  |   |
| Aircraft  |  |   |
| Office Equipment                                      |  |   |
| Machinery, supplies, equipment used for business      |  |   |
| Inventory   |  |   |
| Animals   |  |   |
| Crops   |  |   |
| Farming Equipment                                     |  |   |
| Farm Supplies   |  |   |
| Other Personal Property (attach schedule)             |  |   |
| <b>TOTAL PERSONAL PROPERTY</b>                        |  |   |
| <b>TOTAL ASSETS</b>                                   |  |   |

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| <b>LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)</b> |  |  |
|---|--|--|
| Secured Debt  |  |  |
| Priority Debt   |  |  |
| Unsecured Debt  |  |  |
| <b>TOTAL PRE-PETITION LIABILITIES</b>                   |  |  |

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### SUMMARY OF UNPAID POST-PETITION DEBTS

|   | Number of Days Past Due |      |       |       |         | Total |
|---|-------------------------|------|-------|-------|---------|-------|
|   | Current                 | 0-30 | 31-60 | 61-90 | Over 91 |       |
| Mortgage                                  |                         |      |       |       |         |       |
| Rent                                      |                         |      |       |       |         |       |
| Secured Debt/Adequate Protection Payments |                         |      |       |       |         |       |
| Professional Fees                         |                         |      |       |       |         |       |
| Other Post-Petition debt (list creditor)  |                         |      |       |       |         |       |
|   |                         |      |       |       |         |       |
|   |                         |      |       |       |         |       |
|   |                         |      |       |       |         |       |
|   |                         |      |       |       |         |       |
|   |                         |      |       |       |         |       |
| Total Post-petition Debts                 |                         |      |       |       |         |       |

Explain how and when the Debtor intends to pay any past due post-petition debts.

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**POST-PETITION STATUS OF SECURED NOTES, LEASES PAYABLE  
AND ADEQUATE PROTECTION PAYMENTS**

| NAME OF CREDITOR | SCHEDULED<br>MONTHLY<br>PAYMENT DUE | AMOUNT PAID<br>DURING MONTH | TOTAL UNPAID POST-<br>PETITION |
|------------------|-------------------------------------|-----------------------------|--------------------------------|
|                  |                                     |                             |                                |
|                  |                                     |                             |                                |
|                  |                                     |                             |                                |
|                  |                                     |                             |                                |
|                  |                                     |                             |                                |
|                  |                                     |                             |                                |
|                  |                                     |                             |                                |
|                  |                                     |                             |                                |
| TOTAL PAYMENTS   |                                     |                             |                                |

**INSTALLMENT PAYMENTS**

| TYPE OF POLICY | CARRIER | PERIOD COVERED | PAYMENT AMOUNT &<br>FREQUENCY |
|----------------|---------|----------------|-------------------------------|
|                |         |                |                               |
|                |         |                |                               |
|                |         |                |                               |
|                |         |                |                               |
|                |         |                |                               |
|                |         |                |                               |
|                |         |                |                               |
|                |         |                |                               |

In re GARY B SCHAEFFER  
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### DEBTOR QUESTIONNAIRE

| Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary. |  | Yes | No |
|---|--|-----|----|
| 1   | Have any funds been disbursed from any account other than a debtor in possession account this reporting period?  |     |    |
| 2   | Is the Debtor delinquent in the timely filing of any post-petition tax returns?  |     |    |
| 3   | Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies? |     |    |
| 4   | Is the Debtor delinquent in paying any insurance premium payment?  |     |    |
| 5   | Have any payments been made on pre-petition liabilities this reporting period?   |     |    |
| 6   | Are any post petition State or Federal income taxes past due?  |     |    |
| 7   | Are any post petition real estate taxes past due?  |     |    |
| 8   | Are any other post petition taxes past due?  |     |    |
| 9   | Have any pre-petition taxes been paid during this reporting period?  |     |    |
| 10  | Are any amounts owed to post petition creditors delinquent?  |     |    |
| 11  | Have any post petition loans been received by the Debtor from any party?   |     |    |
| 12  | Is the Debtor delinquent in paying any U.S. Trustee fees?  |     |    |
| 13  | Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?  |     |    |

Citibank Client Services 000  
PO Box 769013  
San Antonio, TX 78245-9013



220476/R1/04F000

000  
CITIBANK, N. A.  
**Account**  
**9959609386**

**GARY B. SCHAEFFER**  
**DIP ACCOUNT**  
**2025 BROADWAY APT 21K**  
**NEW YORK NY**

**10023-5019**

**Statement Period**  
**June 28 - July 25, 2010**



Page 1 of 4

**CITIBANK ACCOUNT AS OF JULY 25, 2010**

**Relationship Summary:**

|                                   |          |
|-----------------------------------|----------|
| Checking                          | \$636.89 |
| Savings                           | -----    |
| Investments<br>(not FDIC insured) | -----    |
| Loans                             | -----    |
| Credit Cards                      | -----    |

**Are your retirement savings working as hard as they should?** Talk to us today about rolling over your existing IRA or retirement account. We have a variety of options to meet your needs. To get started, speak with a Personal Banker today.

**CITIBANK ACCOUNT RATES AND CHARGES**

When determining your rates and charges for this statement period, Citibank considered your average balances during the month of June in all of your qualifying accounts that you asked us to combine. These balances may be in accounts that are reported on other statements.

| Rates and Charges      | Your Combined Balance Range |
|------------------------|-----------------------------|
| Rates                  | \$10,000-\$24,999           |
| Monthly Service Charge | Preferred                   |
|                        | None                        |

Ask about accounts eligible for preferred rates.

Please refer to your Citibank Account Terms and Conditions for details on how we determine your monthly fees and charges. Please note that when your qualified transaction activity exceeds the designated level, you may be subject to fees for transactions performed.

All fees assessed in a statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank statement (to the account that is currently debited for your monthly service charge).

**CHECKING ACTIVITY**

**Regular Checking**  
**9959609386**

**Beginning Balance:** \$4,149.98  
**Ending Balance:** \$636.89

| Date | Description  | Amount Subtracted | Amount Added           | Balance   |
|------|--|-------------------|------------------------|-----------|
| 6/28 | ACH Electronic Credit<br>GLOBAL SAGE LTD PAYROLL   |                   | 10,572.02 G.S. PAYROLL |           |
| 6/28 | Debit Card Purchase 06/24 12:36p #1947<br>YAHOO *GBS4783.COM 800-318-0870 CA 10176<br>Misc Business Services     | 39.95 INTERNET    |                        |           |
| 6/28 | Check # 418  | 500.00 MEDICAL    |                        |           |
| 6/28 | Check # 415  | 482.00 C-S.       |                        |           |
| 6/29 | ACH Electronic Debit<br>PAYPAL INST XFER   | 108.11 PAYPAL     |                        | 13,700.05 |
| 6/29 | Debit Card Purchase 06/24 02:02p #1947<br>AMAZON MKTPLACE PMTS AMZN.COM/BILL WA 10177<br>Specialty Retail stores | 5.73 AMAZON.COM   |                        |           |

GARY B. SCHAEFFER  
DIP ACCOUNTPg 12 of 14  
Account 9959609386 Page 2 of 4  
Statement Period - June 28 - July 25, 2010

220477/R1/04F000

## CHECKING ACTIVITY

Continued

| Date | Description   | Amount Subtracted | Amount Added             | Balance   |
|------|---|-------------------|--------------------------|-----------|
| 6/29 | Debit Card Purchase 06/24 09:47a #1947<br>APL*ITUNES 866-712-7753 CA 10177<br>Specialty Retail stores       | 4.26              | INTERNET                 |           |
| 6/29 | Cash Withdrawal 03:11p #1947<br>Non Citi ATM 2025 BROADWAY NEW YORK NYUS                                    | 203.00            | ATM                      | 13,378.95 |
| 7/01 | Transfer to ESA 07:23a #1947<br>ONLINE Reference # 003628   | 1,200.00          | HELOC                    |           |
| 7/01 | Debit PIN Purchase 08:47a #1947<br>CONCOURSE SPACE GG NEW YORK NYUS02154                                    | 51.99             | GNC                      |           |
| 7/01 | Debit PIN Purchase 11:56a #1947<br>610 5TH AVE NEW YORK NYUS02194   | 15.85             | PAPYRUS                  | 12,111.11 |
| 7/02 | Check # 426   | 350.00            | J/A HOUSE                |           |
| 7/02 | Check # 420   | 482.00            | C.S.                     | 11,279.11 |
| 7/06 | Deposit 08:42a #1947<br>Teller  |                   | 3,300.00                 |           |
| 7/06 | Debit PIN Purchase 07/05 12:10p #1947<br>502 WEST 45TH ST NEW YORK NYUS00155                                | 17.50             | FOOD                     |           |
| 7/06 | Debit PIN Purchase 07/03 05:24p #1947<br>06062--200 West End Av Manhattan NYUS02159                         | 31.42             | CVS                      |           |
| 7/06 | ACH Electronic Debit<br>CITIMORTGAGE INC CHECK PYMT 0000000421  | 3,484.00          | 2025 MTG                 |           |
| 7/06 | Check # 423   | 2,002.00          | 250 MOUN MTG             |           |
| 7/06 | ACH Electronic Debit<br>FIA CardServices CHECK PYMT 0000000422  | 750.00            | SorA                     | 8,294.19  |
| 7/07 | Debit Card Purchase 06/30 09:10p #1947<br>P D O HURLEYS NEW YORK NY 10184<br>Restaurant/Bar                 | 71.67             | G.S. TAE                 |           |
| 7/07 | Debit Card Purchase 07/02 09:10a #1947<br>REEBOK SPORTS CLUB NY NEW YORK NY 10184<br>Recreational Services  | 65.00             | Gym                      |           |
| 7/07 | Debit Card Purchase 07/03 04:52p #1947<br>79TH STREET BOAT BASIN NEW YORK NY 10186<br>Restaurant/Bar        | 56.04             | FOOD                     |           |
| 7/07 | Debit Card Purchase 07/01 05:51p #1947<br>MAYSON 2 CLEANERS NEW YORK NY 10184<br>Misc Personal Services     | 35.00             | DRY CLEANERS             |           |
| 7/07 | Debit Card Purchase 07/02 10:13a #1947<br>WWW*EARTHLINK.NET 800-719-4660 GA 10184<br>Misc Business Services | 32.85             | INTERNET                 |           |
| 7/07 | Check # 424   | 1,525.29          | 250 MOUN MNTNCE          |           |
| 7/07 | Check # 425   | 482.00            | CS                       | 6,026.34  |
| 7/08 | Check # 427   | 2,808.00          | 2025 MTNCE               | 3,218.34  |
| 7/12 | ACH Electronic Debit<br>405 MANHATTAN MI 2126315930   | 835.00            | MMS                      | 2,383.34  |
| 7/13 | Debit Card Purchase 07/08 03:01p #1947<br>CHESNER & VOGEL D.D.S. NEW YORK NY 10191<br>Medical Services      | 165.00            | ERROR MD BILLING (MMS)   |           |
| 7/13 | Debit Card Purchase 07/10 07:14p #1947<br>FRANCESCO PIZZA NEW YORK NY 10193<br>Restaurant/Bar               | 85.10             | FOOD                     |           |
| 7/13 | Debit Card Purchase 07/09 08:00a #1947<br>EZPASS PREPAID TOLL 800-333-8655 NY 10193<br>Misc Transportation  | 25.00             | EZ PASS                  | 2,108.24  |
| 7/14 | Debit PIN Purchase 03:27p #1947<br>CONCOURSE SPACE GG NEW YORK NYUS02154                                    | 82.38             | FOOD                     | 2,025.86  |
| 7/15 | ACH Electronic Debit<br>PAYPAL INST XFER  | 121.11            | PAYPAL                   | 1,904.75  |
| 7/16 | ACH Electronic Debit<br>PAYPAL INST XFER  | 820.50            | PAYPAL ERROR             |           |
| 7/16 | ACH Electronic Debit<br>PAYPAL INST XFER  | 8.02              | PAYPAL                   |           |
| 7/16 | Debit Card Purchase 07/14 09:41a #1947<br>NESPRESSO USA 888-637-7737 NY 10196<br>Food & Beverages           | 34.45             | FOOD                     |           |
| 7/16 | Debit Card Purchase 07/14 #1947<br>FEDEX 468392410293814 800-4633339 TN 10196<br>Misc Transportation        | 22.17             | FEDEX                    |           |
| 7/16 | Debit Card Purchase 07/14 #1947<br>INT*INTELIUS CM 888-445-2727 WA 10196<br>Misc Business Services          | 1.95              | INTERNET                 | 1,017.66  |
| 7/19 | Deposit 03:26p<br>Teller  |                   | 820.50 PAYPAL CORRECTION |           |
| 7/19 | ACH Electronic Debit<br>PAYPAL INST XFER  | 51.92             | PAYPAL                   |           |
| 7/19 | Debit Card Purchase 07/14 10:06p #1947<br>STORE HORSEMEN 09732834390 NJ 10197<br>Specialty Retail stores    | 220.50            | PURCHASE                 |           |
| 7/19 | Debit Card Purchase 07/15 #1947<br>FEDEX 468392415000257 800-4633339 TN 10197<br>Misc Transportation        | 31.33             | FEDEX                    | 1,534.41  |

**CHECKING ACTIVITY**

**Continued**

| Date | Description   | Amount Subtracted | Amount Added     | Balance                   |
|------|---|-------------------|------------------|---------------------------|
| 7/20 | Debit Card Purchase Return 07/15 #1947<br>CHESNER & VOGEL D.D.S NEW YORK NY 10198<br>Medical Services       |                   | 165.00           | ERROR MD correction (DPS) |
| 7/20 | Debit Card Purchase 07/16 10:05a #1947<br>MIKES DELI BRONX NY 10200<br>Food & Beverages                     | 165.44            | FOOD             |                           |
| 7/20 | Debit Card Purchase 07/18 03:15p #1947<br>FRANCISCO CENTRO V NEW YORK NY 10200<br>Restaurant/Bar            | 79.35             | FOOD             |                           |
| 7/20 | Debit Card Purchase 07/16 10:46a #1947<br>MIKES DELI BRONX NY 10200<br>Food & Beverages                     | 20.93             | FOOD             |                           |
| 7/20 | Debit Card Purchase 07/17 01:14p #1947<br>AOL*FS MozyHome 866-485-9217 VA 10200<br>Specialty Retail stores  | 4.95              | INTERNET         |                           |
| 7/20 | Check # 428   | 482.00            | CS               | 946.74                    |
| 7/22 | Debit Card Purchase 07/21 12:14a #1947<br>AOL* SERVICE 0710 800-827-6364 NY 10202<br>Misc Business Services | 25.90             | INTERNET         | 920.84                    |
| 7/23 | ACH Electronic Credit<br>PAYPAL TRANSFER  |                   | 200.00           | PAYPAL                    |
| 7/23 | Debit Card Purchase 07/21 #1947<br>INT*INTELIUS CM 888-445-2727 WA 10203<br>Misc Business Services          | 1.95              | INTERNET         |                           |
| 7/23 | Check # 429   | 482.00            | CS               | 636.89                    |
|      | <b>Total Subtracted/Added</b>   | <b>18,570.61</b>  | <b>15,057.52</b> |                           |

All transaction times and dates reflected are based on Eastern Standard Time.

| Overdraft and Returned Item Fees |                        |                    |
|----------------------------------|------------------------|--------------------|
|                                  | Statement Period Total | Year to Date Total |
| Total Overdraft Fees             | \$0.00                 | \$34.00            |
| Total Returned Item Fees         | \$0.00                 | \$0.00             |

| Checks Paid |      |        |       |      |          |       |      |          |       |      |        |
|-------------|------|--------|-------|------|----------|-------|------|----------|-------|------|--------|
| Check       | Date | Amount | Check | Date | Amount   | Check | Date | Amount   | Check | Date | Amount |
| 415         | 6/28 | 482.00 | 423*  | 7/06 | 2,002.00 | 426   | 7/02 | 350.00   | 428   | 7/20 | 482.00 |
| 418*        | 6/28 | 500.00 | 424   | 7/07 | 1,525.29 | 427   | 7/08 | 2,808.00 | 429   | 7/23 | 482.00 |
| 420*        | 7/02 | 482.00 | 425   | 7/07 | 482.00   |       |      |          |       |      |        |

\* Indicates gap in check number sequence

**ThankYou® Points Summary**

|  |     |
|--|-----|
| Points from checking account and other products and services | 100 |
| Points from debit card purchases                             | 649 |
| Adjusted points  | -82 |
| Total Points forwarded to ThankYou® Network                  | 667 |

Go to [thankyou.com](http://thankyou.com) to review your point balance and redeem!

This summary includes only points awarded for the Citibank checking account relationship and may not reflect any bonus points received through a promotional offer. You can obtain updated point information by accessing your ThankYou Member Account at [www.thankyou.com](http://www.thankyou.com). Please refer to the Citibank Program ThankYou Network Terms and Conditions provided to the primary (first) signer of the checking account upon enrollment of your Citibank checking account and the Terms and Conditions of ThankYou Network for important details.

IF YOU HAVE QUESTIONS ON:

## Checking

YOU CAN CALL:

800-627-3999  
(For Speech and Hearing  
Impaired Customers Only  
TDD: 800-945-0258)

YOU CAN WRITE:

**Citibank Client Services**  
100 Citibank Drive  
San Antonio, TX 78245-9966

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

**FDIC Insurance:**

Products reported in CHECKING and SAVINGS are insured by the Federal Deposit Insurance Corporation. Please consult your Citibank Customer Manual for full details and limitations of FDIC coverage.

Certificate of Deposit (CD) information may show dashes in certain fields if on the date of your statement your new CD was not yet funded or your existing CD renewed but is still in its grace period. Updated information will be reflected on a subsequent statement.

If you think your statement or record is wrong or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared.

**Give us the following information:** (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.



EQUAL HOUSING  
LENDER

Citicard, Citicard Banking Center, Checking Plus, MasterCard, Visa, Citibank Preferred Visa and MasterCard, Citibank Platinum Select, Checks-as-Cash, Equity Source Account, MultiMoney, Citigold, CitiPhone Banking, and Ready Credit are registered in the U.S. Patent and Trademark Office. Safety Check is a service mark of Citigroup, Inc.

1. List in your checkbook any deposits, withdrawals and service charges which are shown on your statement, but not recorded in your checkbook. Adjust your checkbook accordingly.
2. Mark off in your checkbook all checks paid, withdrawals, or deposits listed on your statement.
3. List and total in the **"Checks and Other Withdrawals Outstanding"** column at the right all issued checks that have not been paid by Citibank together with any applicable check charges and all withdrawals made from your account since your last statement.
4. Deduct from your checkbook balance any service or other charge (including pre-authorized transfers or automatic deductions) that you have not already deducted.
5. Add to your checkbook balance any interest-earned deposit shown on this statement.
6. Record Closing Balance here (as shown on statement).

Checks and Other Withdrawals Outstanding  
(Made by you but not yet indicated as paid on your statement)

|  |  |  |
|--|--|--|
| 6. Record Closing Balance here (as shown on statement).                          |  |  |
| 7. Add deposits or transfers you recorded which are not shown on this statement. |  |  |
|  |  |  |
|  |  |  |
| 8. Total (6 and 7 above).  |  |  |
| 9. Enter Total "Checks and Other Withdrawals Outstanding"(from right).           |  |  |
| <b>BALANCE</b> (8 less 9 should equal your checkbook balance).                   |  |  |

[illegible]